

		FOR OHF USE					

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**2003**  
**STATE OF ILLINOIS**  
**DEPARTMENT OF PUBLIC AID**  
**FINANCIAL AND STATISTICAL REPORT FOR**  
**LONG-TERM CARE FACILITIES**  
**(FISCAL YEAR 2003)**

IMPORTANT NOTICE  
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION  
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY  
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE  
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE  
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL  
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM  
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<b>I. IDPH Facility ID Number:</b> <u>0042432</u>		<b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>	
<b>Facility Name:</b> <u>Addolorata Villa</u>		<b>I have examined the contents of the accompanying report to the</b> <b>State of Illinois, for the period from</b> <u>07/01/02</u> <b>to</b> <u>06/30/03</u> <b>and certify to the best of my knowledge and belief that the said contents</b> <b>are true, accurate and complete statements in accordance with</b> <b>applicable instructions. Declaration of preparer (other than provider)</b> <b>is based on all information of which preparer has any knowledge.</b>	
<b>Address:</b> <u>555 Mchenry Road</u> <u>Wheeling</u> <u>60090</u> Number City Zip Code		<b>Intentional misrepresentation or falsification of any information</b> <b>in this cost report may be punishable by fine and/or imprisonment.</b>	
<b>County:</b> <u>Cook</u>		<b>Officer or Administrator of Provider</b> (Signed) _____ (Date) _____ (Type or Print Name) _____ (Title) _____	
<b>Telephone Number:</b> <u>(847) 215-5801</u> <b>Fax #</b> <u>(847) 215-5805</u>		<b>Paid Preparer</b> (Signed) _____ (Date) _____ (Print Name and Title) <u>Steven N. Lavenda, C.P.A.</u> (Firm Name & Address) <u>Frost, Ruttenberg &amp; Rothblatt, P.C.</u> <u>111 Pfingsten Road, Suite 300 Deerfield, IL 60015</u> (Telephone) <u>(847) 236-1111</u> <b>Fax #</b> <u>(847) 236-1155</u>	
<b>IDPA ID Number:</b> <u>364107655001</u>		<b>MAIL TO: OFFICE OF HEALTH FINANCE</b> <b>ILLINOIS DEPARTMENT OF PUBLIC AID</b> <b>201 S. Grand Avenue East</b> <b>Springfield, IL 62763-0001</b> <b>Phone # (217) 782-1630</b>	
<b>Date of Initial License for Current Owners:</b> <u>11/27/96</u>			
<b>Type of Ownership:</b>			
<input checked="" type="checkbox"/> <b>VOLUNTARY, NON-PROFIT</b>			
<input checked="" type="checkbox"/> Charitable Corp.			
<input type="checkbox"/> Trust			
<b>IRS Exemption Code</b> <u>501(c)(3)</u>			
<input type="checkbox"/> <b>PROPRIETARY</b>			
<input type="checkbox"/> Individual			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Corporation			
<input type="checkbox"/> "Sub-S" Corp.			
<input type="checkbox"/> Limited Liability Co.			
<input type="checkbox"/> Trust			
<input type="checkbox"/> Other _____			
<b>In the event there are further questions about this report, please contact:</b> <b>Name:</b> <u>Steve Lavenda</u> <b>Telephone Number:</b> <u>(847) 236 - 1111</u>			

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa# 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds \_\_\_\_\_

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>88</u>	Skilled (SNF)	<u>88</u>	<u>32,120</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>10</u>	Intermediate (ICF)	<u>10</u>	<u>3,650</u>	3
4		Intermediate/DD			4
5	<u>43</u>	Sheltered Care (SC)	<u>43</u>	<u>15,695</u>	5
6		ICF/DD 16 or Less			6
7	<u>141</u>	TOTALS	<u>141</u>	<u>51,465</u>	7

## B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>725</u>	<u>1,132</u>	<u>1,981</u>	<u>3,838</u>	8
9	SNF/PED					9
10	ICF	<u>8,791</u>	<u>21,818</u>	<u>312</u>	<u>30,921</u>	10
11	ICF/DD					11
12	SC	<u>648</u>	<u>10,923</u>		<u>11,571</u>	12
13	DD 16 OR LESS					13
14	TOTALS	<u>10,164</u>	<u>33,873</u>	<u>2,293</u>	<u>46,330</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 90.02%

D. How many bed-hold days during this year were paid by Public Aid?

39 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)Outpatient Therapy

F. Does the facility maintain a daily midnight census?

YesG. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒ NO ☐

I. On what date did you start providing long term care at this location?

Date started 11/27/1996

J. Was the facility purchased or leased after January 1, 1978?

YES ☒ Date 11/27/1996 NO ☐

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter number  
of beds certified 7 and days of care provided 1,919Medicare Intermediary AdminaStar Federal, Inc.

## IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 6/30/03 Fiscal Year: 6/30/03

\* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

Page 3

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending: 06/30/03

**V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)**

	Operating Expenses	Costs Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	<b>A. General Services</b>										
1	Dietary	502,150	42,952	12,807	557,909		557,909		557,909		1
2	Food Purchase		337,317		337,317		337,317	(13,009)	324,308		2
3	Housekeeping	237,617	33,860		271,477		271,477	(2,880)	268,597		3
4	Laundry	72,860	25,787		98,647		98,647	(23,680)	74,967		4
5	Heat and Other Utilities			145,340	145,340		145,340	(16,697)	128,643		5
6	Maintenance	288,327	27,971	135,088	451,386		451,386	(11,622)	439,764		6
7	Other (specify):*										7
8	<b>TOTAL General Services</b>	1,100,954	467,887	293,235	1,862,076		1,862,076	(67,888)	1,794,188		8
	<b>B. Health Care and Programs</b>										
9	Medical Director			14,600	14,600		14,600		14,600		9
10	Nursing and Medical Records	2,901,363	92,380	248,800	3,242,543		3,242,543		3,242,543		10
10a	Therapy	109,719	685	7,338	117,742		117,742		117,742		10a
11	Activities	185,130	18,098	1,313	204,541		204,541	(132)	204,409		11
12	Social Services	118,385	12,220	49,051	179,656		179,656		179,656		12
13	Nurse Aide Training										13
14	Program Transportation			6,700	6,700		6,700		6,700		14
15	Other (specify):*										15
16	<b>TOTAL Health Care and Programs</b>	3,314,597	123,383	327,802	3,765,782		3,765,782	(132)	3,765,650		16
	<b>C. General Administration</b>										
17	Administrative	46,509		150,446	196,955		196,955		196,955		17
18	Directors Fees										18
19	Professional Services			9,879	9,879		9,879	(4,950)	4,929		19
20	Dues, Fees, Subscriptions & Promotions			53,523	53,523		53,523	(6,580)	46,943		20
21	Clerical & General Office Expenses	561,904	89,892	687,846	1,339,642		1,339,642	(594,396)	745,246		21
22	Employee Benefits & Payroll Taxes			1,400,864	1,400,864		1,400,864	(18,132)	1,382,732		22
23	Inservice Training & Education										23
24	Travel and Seminar			16,291	16,291		16,291		16,291		24
25	Other Admin. Staff Transportation			1,963	1,963		1,963		1,963		25
26	Insurance-Prop.Liab.Malpractice			29,284	29,284		29,284	(3,477)	25,807		26
27	Other (specify):*										27
28	<b>TOTAL General Administration</b>	608,413	89,892	2,350,096	3,048,401		3,048,401	(627,535)	2,420,866		28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	5,023,964	681,162	2,971,133	8,676,259		8,676,259	(695,555)	7,980,704		29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

## STATE OF ILLINOIS

Page 4

Facility Name & ID Number      Addolorata Villa

#0042432

Report Period Beginning:

07/01/02

Ending:

06/30/03

## V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>D. Ownership</b>											
30	Depreciation			1,296,656	1,296,656		1,296,656	(576,246)	720,410			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			220,773	220,773		220,773	(73,530)	147,243			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			19,674	19,674		19,674		19,674			35
36	Other (specify):*			364,704	364,704		364,704	(364,704)				36
37	<b>TOTAL Ownership</b>			1,901,807	1,901,807		1,901,807	(1,014,480)	887,327			37
	<b>Ancillary Expense</b>											
	<b>E. Special Cost Centers</b>											
38	Medically Necessary Transportation			1,652	1,652		1,652		1,652			38
39	Ancillary Service Centers	14,133	221,228	244,175	479,536		479,536	(9,134)	470,402			39
40	Barber and Beauty Shops	50	81	29,550	29,681		29,681	(29,681)				40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			54,390	54,390		54,390	(735)	53,655			42
43	Other (specify):*	1,259,745	491,888	1,364,402	3,116,035		3,116,035	(3,116,035)				43
44	<b>TOTAL Special Cost Centers</b>	1,273,928	713,197	1,694,169	3,681,294		3,681,294	(3,155,585)	525,709			44
45	<b>GRAND TOTAL COST</b> (sum of lines 29, 37 & 44)	6,297,892	1,394,359	6,567,109	14,259,360		14,259,360	(4,865,620)	9,393,740			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning:

07/01/02

Ending:

06/30/03

## VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(11,332)	2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	495	30		9
10	Interest and Other Investment Income	(73,530)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment	(4,588)	20		19
20	Contributions				20
21	Owner or Key-Man Insurance	(3,477)	26		21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(526,354)	21		24
25	Fund Raising, Advertising and Promotional				25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(4,246,834)			29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ (4,865,620)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
	Amortization of Organization &			
33	Pre-Operating Expense			33
	Adjustments for Related Organization			
34	Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
	(sum of SUBTOTALS			
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ (4,865,620)		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			\$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Addendum VIII

ID# 004242

Report Period Beginning: 07/01/02

Ending: 06/30/03

Sch. V Line

NON-ALLOWABLE EXPENSES		Amount	Reference
1	Alcoholic Beverages	\$ (1,677)	2 1
2	Cable/Satellite Television	(16,697)	5 2
3	Activities - Nonallowable	(132)	11 3
4	Business Expense	(1,992)	20 4
5			5
6	Bank Fees	(4,100)	21 6
7	Sales Tax	(5,676)	21 7
8	Licenses Tax	59	21 8
9	EOC Marketing Fees	(95,221)	26 9
10	Board Trustee Fees	(61,890)	36 10
11	Amort Def Fin Asset Costs	(42,480)	36 11
12	2001 Bond Amort Insurance	(165,845)	36 12
13	AI - Salaries	(422,778)	43 13
14	ILU - Salaries	(14,462)	43 14
15	AIU - Dining Salaries	(81,490)	43 15
16	Garden Cafe Salaries	(35,500)	43 16
17	Marketing Salaries	(147,265)	43 17
18	AIU/ILU Housekeeping Salaries	(1,382)	43 18
19	AIU/ILU Supplies	(21,279)	43 19
20	ILU - Food Costs	(7,177)	43 20
21	AIU - Dining Other	(66,535)	43 21
22	Garden Cafe - Supplies	(7,817)	43 22
23	Marketing - Supplies	(44,809)	43 23
24	Mission - Supplies	(6,902)	43 24
25	AI - Other	(6,099)	43 25
26	ILU - Other	(129,879)	43 26
27	Senior FTY Program	(27,516)	43 27
28	Garden Cafe - Other	(571)	43 28
29	Marketing - Other	(69,604)	43 29
30	Mission - Other	(2,320)	43 30
31	Beauty Shop Income	(29,681)	40 31
32	Telephone Revenue	(43,359)	21 32
33	AI - Maintenance Income	1,700	6 33
34	Housekeeping Income	(2,800)	3 34
35	Laundry Income	(23,680)	4 35
36	Asc. Miscellaneous Income	(9,224)	39 36
37	Miscellaneous Revenue	(13,930)	21 37
38	Employee COBRA Contributions	(10,444)	22 38
39	Gain on Sale of Assets	(900)	30 39
40	HR - Patch Svc - Physicals	(7,450)	22 40
41	ILU - Interest Expense	(18,000)	43 41
42			42
43	Essens Provider Participation Fee	(738)	42 43
44	Non-allowable Regional Office Salaries	(26,363)	43 44
45	Non-allowable Regional Office Expenses	(12,222)	43 45
46	Non-allowable Regional Office Expenses	(62,608)	43 46
47	ILU Salaries	(530,395)	43 47
48	Prior Year Expense	(964)	21 48
49	Deferred Marketing Expense for AIU	(2,288)	43 49
50	Non-Cash Depreciation	(576,241)	30 50
51	Undocumented Legal Fees	(4,950)	19 51
52	Capitalized Repair & Maintenance	(9,527)	6 52
53	ILU Supplies	(114,400)	43 53
54	ILU Other	(1,081,245)	43 54
55			55
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96			96
97			97
98			98
99			99
100			100
101	Total	(4,246,834)	101

## STATE OF ILLINOIS

Summary A

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning:

07/01/02

Ending:

06/30/03

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>A. General Services</b>													
1	Dietary													1
2	Food Purchase	(13,009)											(13,009)	2
3	Housekeeping	(2,880)											(2,880)	3
4	Laundry	(23,680)											(23,680)	4
5	Heat and Other Utilities	(16,697)											(16,697)	5
6	Maintenance	(11,622)											(11,622)	6
7	Other (specify):*													7
8	<b>TOTAL General Services</b>	<b>(67,888)</b>											<b>(67,888)</b>	<b>8</b>
	<b>B. Health Care and Programs</b>													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities	(132)											(132)	11
12	Social Services													12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	<b>TOTAL Health Care and Programs</b>	<b>(132)</b>											<b>(132)</b>	<b>16</b>
	<b>C. General Administration</b>													
17	Administrative													17
18	Directors Fees													18
19	Professional Services	(4,950)											(4,950)	19
20	Fees, Subscriptions & Promotions	(6,580)											(6,580)	20
21	Clerical & General Office Expenses	(594,396)											(594,396)	21
22	Employee Benefits & Payroll Taxes	(18,132)											(18,132)	22
23	Inservice Training & Education													23
24	Travel and Seminar													24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice	(3,477)											(3,477)	26
27	Other (specify):*													27
28	<b>TOTAL General Administration</b>	<b>(627,535)</b>											<b>(627,535)</b>	<b>28</b>
29	<b>TOTAL Operating Expense (sum of lines 8,16 &amp; 28)</b>	<b>(695,555)</b>											<b>(695,555)</b>	<b>29</b>

## STATE OF ILLINOIS

Summary B

Facility Name & ID Number    Addolorata Villa#    0042432

Report Period Beginning:

07/01/02

Ending:

06/30/03

## SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	<b>D. Ownership</b>													
30	Depreciation	(576,246)											(576,246)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(73,530)											(73,530)	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*	(364,704)											(364,704)	36
37	<b>TOTAL Ownership</b>	<b>(1,014,480)</b>											<b>(1,014,480)</b>	37
	<b>Ancillary Expense</b>													
	<b>E. Special Cost Centers</b>													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers	(9,134)											(9,134)	39
40	Barber and Beauty Shops	(29,681)											(29,681)	40
41	Coffee and Gift Shops													41
42	Provider Participation Fee	(735)											(735)	42
43	Other (specify):*	(3,116,035)											(3,116,035)	43
44	<b>TOTAL Special Cost Centers</b>	<b>(3,155,585)</b>											<b>(3,155,585)</b>	44
	<b>GRAND TOTAL COST</b>													
45	<b>(sum of lines 29, 37 &amp; 44)</b>	<b>(4,865,620)</b>											<b>(4,865,620)</b>	45



Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning:

07/01/02

Ending:

06/30/03

## VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Franciscan Communities	100%	St. James Manor	Crete, IL	Franciscan Village	Lemont, IL	Retirement Comm.
		St. Joseph Home	Chicago, IL	Franciscan Sisters of Chicago		
		Mother Theresa Home	Lemont, IL		Lemont, IL	Religious Congreg
		Franciscan Homes and Community Services	Crown Point, IN	Franciscan Sisters of Chicago Service Corp.		
		George Davis Manor	Lafayette, IN		Homewood, IL	Corp Management
		St. Elizabeth Health Center	Delphi, IN	Franciscan Communities Home Care		
		St. Clare Health Center	Otterbein, IN		Lemont, IL	Home Health

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
1	V	17 FSCSC Shared Expenses	\$ 84,518	Franciscan Sisters of Chicago	100.00%	\$ 84,518	\$ *	1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		\$ 84,518			\$ 84,518	\$ *	14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending: 06/30/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V	17 Regional Expenses	\$ 65,928	Franciscan Village Regional Office	100.00%	\$ 65,928	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 65,928			\$ 65,928	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending: 06/30/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending: 06/30/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending: 06/30/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending: 06/30/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending: 06/30/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
		Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending: 06/30/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending: 06/30/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending: 06/30/03

## VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization		
15	V		\$			\$	\$	15
16	V							16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$			\$	\$ *	39

\* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

## STATE OF ILLINOIS

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Facility Name & ID Number      Addolorata Villa      #      0042432      Report Period Beginning:      07/01/02      Ending:      06/30/03

## VII. RELATED PARTIES (continued)

## C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
1	See Attached - Board of Directors								\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Franciscan Sisters of Chicago  
 Street Address 1260 Franciscan Drive  
 City / State / Zip Code Lemont, IL 60439  
 Phone Number (630) 257-3987  
 Fax Number ( )

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	FSCSC Shared Expenses	Direct Allocation		\$	\$		\$ 84,518	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 84,518	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Franciscan Village Regional Office  
 Street Address 1260 Franciscan Drive  
 City / State / Zip Code Lemont, IL 60439  
 Phone Number ( 630) 243-2244  
 Fax Number ( )

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	17	Regional Expenses	Direct Allocation		\$	\$		\$ 65,928	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$ 65,928	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT



Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa # 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

Name of Related Organization \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City / State / Zip Code \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Fax Number ( ) \_\_\_\_\_

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1					\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

SEE ACCOUNTANTS' COMPILATION REPORT

**IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE**

**A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)**

1		2		3		4		5		6		7		8		9		10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense								
		YES	NO				Original	Balance											
	A. Directly Facility Related																		
	Long-Term																		
1	IFA Series E Bonds		X	Acquisition of Assets	Variable	11/27/96	\$ 5,660,000	\$ 5,627,741	5/15/27	Variable	\$ 115,793	1							
2	Long Term Debt					2001		15,011,146			77,763	2							
3	Long Term Debt					2003		4,883,876			4,019	3							
4	IFA Series 196 D & F Bonds		X	Acquisition of Assets		11/27/96					433,205	4							
5	See Supplemental Schedule										(410,007)	5							
	Working Capital																		
6												6							
7												7							
8	See Supplemental Schedule											8							
9	TOTAL Facility Related						\$ 5,660,000	\$ 25,522,763				\$ 220,773	9						
	B. Non-Facility Related*																		
10												10							
11	Interest Income										(73,530)	11							
12												12							
13	See Supplemental Schedule											13							
14	TOTAL Non-Facility Related						\$	\$				\$ (73,530)	14						
15	TOTALS (line 9+line14)						\$ 5,660,000	\$ 25,522,763				\$ 147,243	15						

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ N/A Line #

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE - SUPPLEMENTAL SCHEDULE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Interest Allocated to ALU/ILU						\$	\$			\$	(410,007)	1
2													2
3													3
4													4
5													5
6													6
7	TOTAL Long-Term											(410,007)	7
	Working Capital												
8							\$	\$			\$		8
9													9
10													10
11													11
12													12
13													13
14	TOTAL Working Capital												14
	B. Non-Facility Related*												
15							\$	\$			\$		15
16													16
17													17
18													18
19													19
20	TOTAL Non-Facility Related												20

- \* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.) SEE ACCOUNTANTS' COMPILATION REPORT
- \*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

Facility Name &amp; ID Number Addolorata Villa

# 0042432 Report Period Beginning: 07/01/02 Ending: 06/30/03

## IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

## B. Real Estate Taxes

1. Real Estate Tax accrual used on 2002 report.		<b>Important</b> , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	2
3. Under or (over) accrual (line 2 minus line 1).			\$	3
4. Real Estate Tax accrual used for 2003 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>			\$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>			\$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	7
Real Estate Tax History:				
Real Estate Tax Bill for Calendar Year:	1998	8		
	1999	9		
	2000	10		
	2001	11		
	2002	12		
			<b>FOR OHF USE ONLY</b>	
			13	FROM R. E. TAX STATEMENT FOR 2002 \$ 13
			14	PLUS APPEAL COST FROM LINE 5 \$ 14
			15	LESS REFUND FROM LINE 6 \$ 15
			16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

## NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.  
**This denial must be no more than four years old at the time the cost report is filed.**

SEE ACCOUNTANTS' COMPILATION REPORT



**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates    **RE:** 2002 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2002 real estate tax costs, as well as copies of your real estate tax bills for calendar 2002.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2002 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2003 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2002 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Addolorata Villa COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042432

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2002 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2002.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
2.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
3.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
4.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
5.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
6.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
7.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
8.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
9.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
10.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
		<b>TOTALS</b>	\$ <u>                    </u>	\$ <u>                    </u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?            YES            NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the 2002 tax bills which were listed in Section A to this statement. Be sure to use the 2002 tax bill which is normally paid during 2003.

**IMPORTANT NOTICE**

**TO:** Long Term Care Facilities with Real Estate Tax Rates    **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions, please call the Office of Health Finance at (217) 782-1630.

**2002 LONG TERM CARE REAL ESTATE TAX STATEMENT**

FACILITY NAME Addolorata Villa COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0042432

CONTACT PERSON REGARDING THIS REPORT : Steve Lavenda

TELEPHONE (847) 236-1111 FAX #: (847) 236-1155

**A. Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
2.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
3.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
4.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
5.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
6.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
7.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
8.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
9.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
10.	<u>                    </u>	<u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
		<b>TOTALS</b>	\$ <u>                    </u>	\$ <u>                    </u>

**B. Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?            YES            NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

**C. Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

A.

Square Feet:

66,613

B.

General Construction Type:

Exterior

Brick

Frame

Steel

Number of Stories

2

C.

Does the Operating Entity?

☒

(a) Own the Facility

☐

(b) Rent from a Related Organization.

☐

(c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D.

Does the Operating Entity?

☒

(a) Own the Equipment

☐

(b) Rent equipment from a Related Organization.

☒

(c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E.

List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Addolorata Villa Independent Living Units - 80,036 Square Feet - 100 Units

Outpatient Therapy - 2332 Square Feet

Assisted Living - Opened October, 2002 65 beds, 59,584 square feet

F.

Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐

YES

☒

NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Healthcare	6,125	1996	\$ 644,128	1
2	Alloc. Regional***		1996	28,094	2
3	TOTALS	6,125		\$ 672,222	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning:

07/01/02

Ending:

06/30/03

**XI. OWNERSHIP COSTS (continued)****B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
	<b>Improvement Type**</b>										
9	<b>Land Improvements</b>										
10								-		-	9
11								-		-	10
11		asphalt paving		11/26/1996	44,481	4,448	10	4,448		24,835	11
12		concrete paving		11/26/1996	17,380	1,448	12	1,448		8,086	12
13		chain link fence		11/26/1996	7,054	641	11	641		3,580	13
14		light poles and fixtures		11/26/1996	1,589	144	11	144		806	14
15		curbing		11/26/1996	2,136	178	12	178		994	15
16		landscaping		11/26/1996	15,167	1,264	12	1,264		7,057	16
17		lawn area		11/26/1996	31,646	2,637	12	2,637		14,724	17
18		courtyard gate		11/26/1996	969	65	15	65		355	18
19		landscaping		8/1/1997	703	59	12	59		264	19
20		pine tree and planting near window wells		Oct-97	848	71	12	71		318	20
21		concrete ramp improvements		Sep-97	1,219	102	12	102		457	21
22		asphalt improvements		May-98	1,628	163	10	163		733	22
23		siding - chapel shed		Dec-97	1,024	68	15	68		307	23
24		catch basin improvements		Apr-98	-	342	15	342		1,540	24
25		fencing		1999	1,028	69	15	69		240	25
26		site improvement - snf addition (asphalt etc)		1/31/2000	3,795	421	10	421		1,052	26
27		cement patio - intermdiate care		7/6/1999	2,716	272	10	272		679	27
28		expand loading dock turnaround		10/29/1999	1,078	108	10	108		270	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

\*Total beds on this schedule must agree with page 2.

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

**XI. OWNERSHIP COSTS (continued)**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Building - skilled nursing	11/26/1996	\$ 1,145,551	\$ 32,730	35	\$ 32,730		\$ 182,743		37
38	snf - plumbing and sprinklers	11/26/1996	183,717	10,807	17	10,807		60,339		38
39	snf - heating and cooling	11/26/1996	110,690	6,511	17	6,511		36,354		39
40	snf - electrical	11/26/1996	197,161	11,598	17	11,598		64,754		40
41	snf - roof cover	11/26/1996	41,928	3,494	12	3,494		19,508		41
42	snf - floor cover	11/26/1996	67,703	5,642	12	5,642		31,501		42
43	snf - elevator	11/26/1996	32,195	1,894	17	1,894		10,574		43
44	snf - automatic doors	Feb-97	9,246	925	10	925		5,085		44
45	snf - electrical improvements : 1snf east wing	Mar-97	500	50	10	50		267		45
46	snf - carpet	1997	1,099	220	5	220		989		46
47	snf - carpet	1998	2,478	496	5	496		2,231		47
48	snf - paint/varnish doors	May-98	14,500	2,900	5	2,900		13,050		48
49	snf - electrical emergency outlets	Jan-98	692	41	17	41		184		49
50	snf - hvac system glucose treatment	Mar-98	8,692	579	15	579		2,607		50
51	snf -elevator safety edge	Mar-98	1,710	86	20	86		385		51
52	snf - boiler air venting valve (addition)	Mar-98	1,893	126	15	126		568		52
53	snf - pump	Mar-98	1,238	124	10	124		557		53
54	snf - new valves hot water tank	Jun-98	4,329	289	15	289		1,299		54
55	snf - thermostat/fan assembly	Jun-98	1,283	86	15	86		385		55
56	snf - manual isolation valves	May-98	19,110	1,274	15	1,274		5,733		56
57	snf - carpet	1998		4,359	5	4,359		15,257		57
58	snf - carpet	1999	2,899	580	5	580		2,030		58
59	snf - window treatments	1999	2,216	443	5	443		1,551		59
60	snf - kitchen freezer and exhaust hood	1999	2,991	598	5	598		2,094		60
61										61
62										62
63										63
64										64
65										65
66										66
67										67
68	Related Party Allocations (Page 12-REP & Page 12A-REP)									68
69	Financial Statement Depreciation									69
70	TOTAL (lines 4 thru 69)		\$ 1,988,282	\$ 98,352		\$ 98,352		\$ 526,342		70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 1,988,282	\$ 98,352		\$ 98,352		\$ 526,342	1
2	snf - elevator on emergency power	1999	3,733	373	10	373		1,306	2
3	snf - locks, dooe closures replacements	1999	2,733	547	5	547		1,914	3
4	snf - permanent lockers	1999	1,516	303	5	303		1,061	4
5	cable connection	9/1/1999		85	10	85		213	5
6	fire doors	10/21/1999	4,500	450	10	450		1,125	6
7	fireproofing	6/23/1999	943	94	10	94		235	7
8	plumbing	1/31/2000	108,345	5,417	20	5,417		13,543	8
9	fire protection	1/31/2000	32,500	1,625	20	1,625		4,063	9
10	electrical	1/31/2000	290,248	14,512	20	14,512		36,281	10
11	roofing	1/31/2000	29,500	1,475	20	1,475		3,688	11
12	hvac	1/31/2000	228,061	11,403	20	11,403		28,508	12
13	elevator	1/31/2000	49,172	2,459	20	2,459		6,147	13
14	carpet	1/31/2000	41,965	8,393	5	8,393		20,983	14
15	general construction	1/31/2000	1,717,465	43,682	40	43,682		109,205	15
16	snf window treatments	1/31/2000	18,170	3,634	5	3,634		9,085	16
17	carpet	3/31/2000	24,352	6,859	5	6,859		17,148	17
18	general renovation	3/31/2000	69,754	16,660	10	16,660		41,650	18
19	Doorholders	2001	1,719	86	10	86		172	19
20	Lights	2001	2,019	101	10	101		202	20
21									21
22	general renovation	1999	28,846						22
23	general renovation	1998	64,124						23
24	carpet	1999	9,944						24
25									25
26	architect fees	2003	2,109		20				26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,720,000	\$ 216,510		\$ 216,510		\$ 822,871	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 4,720,000	\$ 216,510		\$ 216,510	\$	\$ 822,871	1
2	Building - dining facility and support	11/26/1996	342,719	8,879	35	8,879		49,573	2
3	supp - plumbing and sprinklers	11/26/1996	39,238	2,093	17	2,093		11,685	3
4	supp - heating and cooling	11/26/1996	32,189	1,717	17	1,717		9,587	4
5	supp - electrical	11/26/1996	72,817	3,884	17	3,884		21,685	5
6	supp - roof cover	11/26/1996	14,127	1,067	12	1,067		5,960	6
7	supp - floor covering with vinyl tile	11/26/1996	26,183	1,978	12	1,978		11,046	7
8	supp - elevator	11/26/1996	19,459	1,038	17	1,038		5,795	8
9	supp - heating and cooling ductwork kitchen	11/26/1996	1,848	112	15	112		615	9
10	supp - electric: dolorosa and gazebo timers	Aug-97	1,220	107	15	107		481	10
11	supp - electric: kitchen	Oct-97	539	33	15	33		147	11
12	supp - carpentry wall protection	Apr-98	6,673	611	15	611		1,418	12
13	supp - electric: kitchen	Apr-98	14,677	887	15	887		5,323	13
14	supp - bug zapper: kitchen	Jan-98	536	97	5	97		437	14
15	general construction, ceiling, electric	11/30/1999	171,942	12,082	15	12,082		30,205	15
16	carpet	11/30/1999	27,210	6,386	5	6,386		15,964	16
17	window treatments	11/30/1999	3,738	678	5	678		1,695	17
18	hvac	11/30/1999	12,522	757	15	757		1,892	18
19	patch panel for campus phone system	9/24/1999	7,257	658	15	658		1,645	19
20	kitchen equipment	10/1/1998		553	10	553		1,382	20
21	boiler - replace butterfly valves	12/31/1999	6,841	620	5	620		1,550	21
22	replace doors - kitchen	1999	2,083	378	10	378		945	22
23	generator and tv amp wiring	10/12/1999		162	5	162		405	23
24	compressor	7/31/2001	2,861		15				24
25	kitchen a/c	7/31/2001	1,064		15				25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 5,527,743	\$ 261,287		\$ 261,287	\$	\$ 1,002,306	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 5,527,743	\$ 261,287		\$ 261,287	\$	\$ 1,002,306	1
2	Building - sheltered care, convent	11/26/1996	1,612,608	54,577	35	54,577		304,719	2
3	orig - adjustment to goodwill valuation	11/26/1996		96	35	96		336	3
4	orig - plumbing and sprinklers	11/26/1996	187,521	13,066	17	13,066		72,952	4
5	orig - heating and cooling	11/26/1996	183,321	12,773	17	12,773		71,318	5
6	orig - electrical	11/26/1996	181,592	12,653	17	12,653		70,646	6
7	orig - roof cover	11/26/1996	41,068	4,054	12	4,054		22,634	7
8	orig - floor cover	11/26/1996	44,567	4,399	12	4,399		24,562	8
9	orig - elevator	11/26/1996	39,144	2,728	17	2,728		15,229	9
10	orig - parlor lobby remodel: construction	1997	5,888	756	10	756		4,298	10
11	orig - parlor lobby remodel: construction	1997	94,522	9,586	15	9,586		59,076	11
12	orig - parlor lobby remodel: construction	1997	3,978	236	20	236		1,339	12
13	orig - parlor lobby remodel: carpet	1997	12,823	3,038	5	3,038		16,975	13
14	orig - boiler valves	1997	5,633	667	10	667		3,670	14
15	orig - boiler valves	1997	5,840	461	15	461		2,527	15
16	orig - boiler valves	1997	11,024	653	20	653		3,591	16
17	orig - vandy hall renovation	1997	4,633	549	10	549		3,018	17
18	orig - vandy hall renovation	1997	4,984	394	15	394		1,968	18
19	orig - vandy hall renovation	1997	1,541	91	25	91		518	19
20	orig - plumbing	1997	1,877	89	5	89		489	20
21	orig - carpet	1997	1,760	417	5	417		2,293	21
22	orig - sheltered care air conditioning improvement	1997	8,624	1,022	10	1,022		5,619	22
23	orig - sheltered care electric panel expansion	1997	635	125	15	125		687	23
24	orig - garage frame	11/26/1996	10,211	340	15	340		1,898	24
25	orig - garage electric	1997	658	25	17	25		124	25
26	orig - chapel renovation: architect	1997	22,134	1,186	15	1,186		5,336	26
27	orig - chapel renovation: carpentry and carpet	1997	25,160	4,044	5	4,044		18,198	27
28	orig - chapel renovation: carpentry	1997	132,754	7,112	15	7,112		32,005	28
29	orig - chapel renovation: electric	1997	49,058	2,628	15	2,628		11,827	29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,221,300	\$ 399,051		\$ 399,051	\$	\$ 1,760,157	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 8,221,300	\$ 399,051		\$ 399,051	\$	\$ 1,760,157	1
2	orig - chapel revovation: hvac	1997	46,215	2,631	15	2,631		11,839	2
3	orig - chapel revovation: stained windows	1997	51,795	2,775	15	2,775		12,488	3
4	orig - chapel revovation: marble	1997	33,296	1,784	15	1,784		8,027	4
5	orig - chapel revovation: roofing	1997	17,871	1,015	15	1,015		4,566	5
6	orig - chapel revovation: carpet	1997	1,107	178	5	178		801	6
7	orig - chapel revovation: plumbing	1997	8,884	595	15	595		2,677	7
8	orig - carpet	1998	16,433	4,526	5	4,526		20,368	8
9	orig - hvac glycol treatment	1997	9,093	718	15	718		3,231	9
10	orig - hvac glycol treatment	1998	9,150	723	15	723		3,252	10
11	orig - computer network cabling	1997	9,984	788	15	788		3,547	11
12	orig - electrical improvements	1998	5,475	432	15	432		1,945	12
13	orig - mechanical rooftop drain	Aug-97	481	38	15	38		171	13
14	orig - plumbing comosite	Aug-97	462	27	20	27		123	14
15	orig - new ceiling scf 214	Aug-97	830	66	15	66		296	15
16	orig - mckesson single vac with recvler	Nov-97	1,896	225	10	225		1,011	16
17	orig - main sign	Dec-97	1,624	128	15	128		577	17
18	orig - water conditioner	Dec-97	737	87	10	87		393	18
19	orig - business office laminate counter	Dec-97	833	69	15	69		299	19
20	orig - business office laminate mail boxes	Dec-97	1,208	95	15	95		429	20
21	orig - closet organizers intermdiate rooms	Jan-98	683	54	15	54		243	21
22	orig - convent dishwasher and plumbing	Jan-98	1,965	466	5	466		2,095	22
23	orig - water system piping	Mar-98	1,269	100	15	100		451	23
24	orig - sheltered care air vents	Mar-98	880	69	15	69		312	24
25	orig - chair rail replacement	Apr-98	1,760	139	15	139		625	25
26	orig - signage	Apr-98	1,034	82	15	82		368	26
27	orig - production room mill work	Apr-98		188	15	188		848	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,446,266	\$ 417,049		\$ 417,049	\$	\$ 1,841,139	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

## B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 8,446,266	\$ 417,049		\$ 417,049		\$ 1,841,139	1
2	orig- production room laminate	Apr-98	2,023	160	15	160		720	2
3	orig- chapel renovation: paint convent walls	May-98	2,597	615	5	615		2,768	3
4	orig- carpentry	Jun-98	1,213	96	15	96		431	4
5	orig- automatic doors: courtvard	Jun-98	2,166	171	15	171		770	5
6	orig- concrete work: ramp	Jun-98	1,600	95	20	95		427	6
7	orig- steel access doors	Jun-98	820	65	15	65		292	7
8	orig - carpet	1998	368	87	5	87		305	8
9	orig- plumbing	Jul-98	1,840	436	5	436		1,526	9
10	orig- concrete ramp	Jul-98	923	219	5	219		766	10
11	orig- carpentry main entrance	Jul-98		1,560	5	1,560		5,459	11
12	orig- ptac parts sheltered care	Aug-98	921	218	5	218		764	12
13	orig- vent work generator	Aug-98	923	219	5	219		766	13
14	orig- boiler room convertors	Aug-98	2,215	262	10	262		918	14
15	orig- chiller parts	Aug-98	1,819	215	10	215		754	15
16	orig- fire extinguishers	Aug-98	676	160	5	160		561	16
17	orig- automatic doors: chapel	Sep-98	1,624	385	5	385		1,347	17
18	orig- sewage pump	Sep-98	475	113	5	113		395	18
19	orig- heating system chemicals	Nov-98	1,399	331	5	331		1,160	19
20	orig- ansun fire suppression system	Oct-98	1,070	638	5	638		2,232	20
21	orig- duplex pump unit	Dec-98	1,290	306	5	306		1,070	21
22	orig- boiler room emergency panel	Dec-98	1,298	308	5	308		1,077	22
23	orig- boiler room hot water valves	Jan-99	3,015	714	5	714		2,500	23
24	orig- automatic doors: chapel	Jan-99	3,627	859	5	859		3,007	24
25	orig- ipc materials nurses station	Jan-99	695	165	5	165		577	25
26	orig- install magnet door system	Feb-99		222	10	222		778	26
27	orig- door annunciatorn system	Feb-99	2,318	275	10	275		962	27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,483,181	\$ 425,943		\$ 425,943		\$ 1,873,472	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 8,483,181	\$ 425,943		\$ 425,943		\$ 1,873,472	1
2	orig - nurses station remodel	Feb-99	1,175	278	5	278		974	2
3	orig - ptac repair scf 210	Jan-99	718	170	5	170		866	3
4	orig - electrical work	Jan-99	2,659	315	10	315		1,011	4
5	orig - adm asst office remodel	Feb-99	3,065	363	10	363		1,059	5
6	orig - business office fire door	Feb-99	1,181	280	5	280		976	6
7	orig - window treatments	Feb-99	646	153	5	153		849	7
8	orig - ironer	Mar-99	5,199	1,232	5	1,232		1,928	8
9	orig - boiler room repairs	Mar-99	868	206	5	206		902	9
10	orig - rebuilt tractor - boiler	Mar-99	4,082	967	5	967		1,663	10
11	orig - exhaust hood	Mar-99	900	213	5	213		909	11
12	orig - siding	Mar-99	928	220	5	220		916	12
13	orig - fire door kiln room	Mar-99	568	135	5	135		831	13
14	orig - install handrail	Mar-99	608	144	5	144		840	14
15	orig - move and repipe circulating pump	Apr-99	615	146	5	146		842	15
16	orig - roof top units repair	May-99	756	709	5	709		1,405	16
17	install fire door per inspection	10/20/1998	3,646	864	5	864		1,560	17
18	renovate activities room and office	1/1/1999		1,564	5	1,564		2,260	18
19	replace ceiling scf 233	1999		354	5	354		1,050	19
20	replace smoke doors	3/31/2000	3,772	298	15	298		994	20
21	install door	2000	3,646	288	15	288		984	21
22	activities renovation	2000	7,710	609	15	609		1,305	22
23	water damage 233 scf	2000	1,496	118	15	118		814	23
24	laminate counters	2000	1,230	292	5	292		988	24
25	activity center and garden cafe	2000	1,551	367	5	367		1,063	25
26	new doors courtyard and convent	2000	2,800	221	15	221		917	26
27	carpeting	5/31/1999	1,037	1,264	5	1,264		1,960	27
28	carpeting	2000		1,856	5	1,856		2,552	28
29	carpeting	3/23/2000	9,688	2,295	5	2,295		2,991	29
30	carpeting	4/30/2000	1,594	377	5	377		1,073	30
31	boiler valve replacement and other	10/27/1999		416	10	416		1,112	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 8,545,318	\$ 442,657		\$ 442,657		\$ 1,911,066	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 8,545,318	\$ 442,657		\$ 442,657	\$	\$ 1,911,066	1
2	sprinkler room revoation	3/22/2000	2,926	347	10	347		867	2
3	replace plastic pipe with steel	Oct-99	2,278	180	10	180		450	3
4	activities kitchen electric work	1999	764	60	10	60		151	4
5	gutter decing equipment	Oct-99	1,807	428	5	428		1,070	5
6	gas vent kitchen - activities	Oct-99	1,263	100	5	100		250	6
7	heating cooling pump	Oct-99	1,669	198	5	198		791	7
8									8
9									9
10	fve 6/30/01 additions								10
11	carpeting	Jul-00	665	79	5	79		158	11
12	carpeting	Jul-00	1,226	145	5	145		290	12
13	annunciator system	Jul-00	1,015	60	10	60		120	13
14	chapel tempered glass	Jul-00	1,477	175	5	175		350	14
15	chexit door system	Aug-00	6,731	399	10	399		798	15
16	grand master key system	Aug-00	885	52	10	52		104	16
17	roof top	Aug-00	834	99	5	99		198	17
18	fire alarm system	Aug-00	1,492	177	5	177		354	18
19	repair work on fire doors	Aug-00	989	117	5	117		234	19
20	snu fixed wet walls	Aug-00	2,451	290	5	290		580	20
21	convent furniture seats	Aug-00	5,034	199	15	199		398	21
22	repair ptac units	Aug-00	2,490	295	5	295		590	22
23	carpeting copy room	Sep-00	471	56	5	56		112	23
24	carpeting	Sep-00	925	110	5	110		220	24
25	carpeting ilu 317	Sep-00	846	100	5	100		200	25
26	showers	Sep-00	1,581	47	20	47		94	26
27	main chiller compressor	Sep-00	9,184	363	15	363		726	27
28	repair steam boiler	Sep-00	807	24	20	24		48	28
29	sign	Sep-00	738	44	10	44		88	29
30	carpeting ilu 202	Oct-00	774	92	5	92		184	30
31	carpeting ilu 101	Oct-00	774	92	5	92		184	31
32	carpeting ilu 323	Oct-00	813	96	5	96		192	32
33	carpeting attic stock	Oct-00	554	66	5	66		132	33
34	TOTAL (lines 1 thru 33)		\$ 8,598,781	\$ 447,147		\$ 447,147	\$	\$ 1,920,999	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 8,598,781	\$ 447,147		\$ 447,147		\$ 1,920,999	1
2	carpeting attic stock	Oct-00		197	5	197		394	2
3	replace ceiling 555 basement	Oct-00	1,661	26	12	26		52	3
4	new cabinets copy room	Oct-00	1,630	48	20	48		96	4
5	repairs-dry wall & cabinets	Oct-00	4,392	520	5	520		1,040	5
6	project 1&2-UCCI	Oct-00	6,461	255	15	255		510	6
7	paint 3 sheltered tubs	Oct-00	526	62	5	62		124	7
8	chimney work	Oct-00	7,941	314	15	314		628	8
9	reclass k. reiger to orig bldg svcs	Oct-00	5,417	160	20	160		320	9
10	carpeting sheltered care 225	Nov-00	840	99	5	99		198	10
11	roof drain repair & work	Nov-00	388	15	15	15		30	11
12	roof repair on 557 dining svcs	Nov-00	523	21	15	21		42	12
13	installation of outlets & lights in skilled office	Nov-00	1,066	63	10	63		126	13
14	misc equipment installation & labor	Nov-00	557	22	15	22		44	14
15	new satellite system	Nov-00	697	41	10	41		82	15
16	additional outlets for dining room	Nov-00	1,657	98	10	98		196	16
17	replace kitchen ac compressor	Nov-00	847	33	15	33		66	17
18	replace boiler valves	Nov-00	1,223	36	20	36		72	18
19	replace ajax boiler	Nov-00	8,922	264	20	264		528	19
20	replace 2 electric reheat coils	Nov-00	1,839	54	20	54		108	20
21	carpeting cleaning	Dec-00	922	109	5	109		218	21
22	installed automatic air vent and reconfigured piping	Dec-00	2,086	62	20	62		124	22
23	winterize rooftop chillers	Dec-00	782	31	15	31		62	23
24	misc repairs	Dec-00	631	75	5	75		150	24
25	boiler repairs	Dec-00	3,222	382	5	382		764	25
26	furnish and install lights	Dec-00	1,844	73	15	73		146	26
27	fan coil covers 2nd purchase	Dec-00	2,773	82	20	82		164	27
28	stall shower	Mar-01	789	23	20	23		46	28
29	install sink & piping-convent sheltered	Mar-01	2,880	85	20	85		170	29
30	skilled door holders installation	Mar-01	374	22	10	22		44	30
31	installation of front door lights & chervl's office floor chase	Mar-01	336	13	15	13		26	31
32	business office em circuits	Mar-01	606	18	20	18		36	32
33	carpeting scu 215	Apr-01	611	72	5	72		144	33
34	TOTAL (lines 1 thru 33)		\$ 8,663,224	\$ 450,522		\$ 450,522		\$ 1,927,749	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**XI. OWNERSHIP COSTS (continued)**

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		\$ 8,663,224	\$ 450,522		\$ 450,522		\$ 1,927,749	1
2	furnish 2-1/2 ton condensing unit	Apr-01	732	29	15	29		58	2
3	address snu aaon rtu problems	Apr-01	3,362	133	15	133		265	3
4	asbestos abatement	Apr-01	1,076	128	5	128		255	4
5	porcelain refinishing	Apr-01	776	92	5	92		184	5
6	audio/video modulator	Apr-01	461	27	10	27		55	6
7	paint	Apr-01	1,416	168	5	168		336	7
8	rooftop repairs	May-01	661	26	15	26		52	8
9	ac hookup	May-01	623	25	15	25		49	9
10	rooftop low voltage	May-01	1,100	43	15	43		87	10
11	sheltered rehab work	May-01	1,680	66	15	66		133	11
12	mary's room shower conversion	May-01	2,322	69	20	69		138	12
13	install new p.lam. cabinets, counter top and plumbing	May-01	4,390	130	20	130		260	13
14	replace defective condenser	May-01	2,466	97	15	97		195	14
15	repair automation system	May-01	895	27	20	27		53	15
16	furnish and install dampers	May-01	1,492	59	15	59		118	16
17	motor blower	May-01	419	50	5	50		99	17
18	paint	May-01	356	42	5	42		84	18
19	paint	May-01	611	72	5	72		145	19
20	paint	Jun-01	879	104	5	104		208	20
21	paint	Jun-01	597	71	5	71		142	21
22	ucci	Jun-01	5,021	149	20	149		297	22
23	scf project cip 2001 transfer	Jun-01	345,382	10,228	20	10,228		20,456	23
24									24
25	Allocated to Outpatient Therapy Per 6/30/00 Cap Report		(41,623)						25
26									26
27	Marys Room Wallcovering	Aug-01	738	49		49		78	27
28	CPE Office walls /ceiling	Aug-01	1,538	103		103		186	28
29	CPE Office Carpet/Tile Removal	Aug-01	523	35		35		75	29
30	Locks	Sep-01	118	8		8		57	30
31	Room #232 -Drywall and tape south wall	Sep-01	480	32		32		58	31
32	CPE Office Willcovering	Sep-01	901	60		60		127	32
33	Deadbolt and rekeying locks	Oct-01	260	17		17		213	33
34	TOTAL (lines 1 thru 33)		\$ 9,002,877	\$ 462,659		\$ 462,659		\$ 1,952,208	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12J, Carried Forward		\$ 9,002,877	\$ 462,659		\$ 462,659		\$ 1,952,208	1
2	Two dual locations for voice & data	Oct-01	311	21		21		130	2
3	HR Office renovate exist walls,drywall partition	Oct-01	3,609	241		241		280	3
4	Misc. Building Repair	Oct-01	2,017	134		134		229	4
5	Misc. Building Repair for Fire compliance	Oct-01	732	49		49		60	5
6	Repair defective refractory board	Oct-01	1,746	116		116		143	6
7	1st Fl Office Sprinkler Piping & Heads	Oct-01	1,231	82		82		120	7
8	Convent lights & Floor Holes	Nov-01	493	33		33		71	8
9	Sump Room Lights, ILV Stats	Nov-01	411	27		27		54	9
10	Repair Timer in Sheltered Kitchen	Nov-01	490	33		33		59	10
11	Office - Oak Base / Wood Shelf Cleat	Nov-01	500	33		33		131	11
12	Retaining walls and ramp	Nov-01	1,803	120		120		218	12
13	Retaining walls and ramp	Nov-01	1,803	120		120		142	13
14	Concrete Ramp	Nov-01	209	14		14		113	14
15	Custom Ramp Railing	Nov-01	701	47		47		130	15
16	Custom Ramp Railing	Nov-01	701	47		47		106	16
17	1st Fl-West Wing Demo Pipe	Dec-01	378	25		25		216	17
18	Room #226 lay-in ceiling	Dec-01	1,538	103		103		191	18
19	Exec.Dir.Office - Misc.Renovation	Dec-01	1,828	122		122		152	19
20	Misc.Electrical	Jan-02	1,342	89		89		168	20
21	Misc.Electrical	Jan-02	425	28		28		212	21
22	Misc.Electrical	Jan-02	190	13		13		34	22
23	Install TI Dual /I Data Location	Jan-02	3,776	252		252		292	23
24	Offices/Washrooms Misc Repairs	Jan-02	1,837	122		122		189	24
25	Paint + Misc. Supplies	Feb-02	826	55		55		119	25
26	Toilet/Faucet/Closet Valve +Misc. Plumbing	Feb-02	567	38		38		107	26
27	Regional Office-Locks & rekeying	Feb-02	1,279	85		85		124	27
28	Paint + Misc. Supplies	Feb-02	91	6		6		127	28
29	Paint + Misc. Supplies	Feb-02	604	40		40		162	29
30	Paint + Misc. Supplies	Feb-02	183	12		12		85	30
31	Paint + Misc. Supplies	Feb-02	28	2		2		149	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,034,525	\$ 464,769		\$ 464,769		\$ 1,956,523	34

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued) B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.											
	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					\$	\$		\$	\$	\$	4
5											5
6											6
7											7
8											8
9	Improvement Type**										9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total  
 SEE ACCOUNTANTS' COMPILATION REPORT



## XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			\$	\$		\$	\$	\$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
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60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		\$	\$		\$	\$	\$	70

SEE ACCOUNTANTS' COMPILATION REPORT

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,148,805	\$ 245,793	\$ 245,793	\$	10	\$ 1,021,388	71
72	Current Year Purchases	80,548	5,301	5,301		10	5,301	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	\$ 1,229,353	\$ 251,094	\$ 251,094	\$		\$ 1,026,689	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Allocation to SNF	Illinois Bus	2001	\$ 11,548	\$ 2,887	\$ 2,887	\$	5	\$ 7,218	76
77										77
78										78
79										79
80	TOTALS			\$ 11,548	\$ 2,887	\$ 2,887	\$		\$ 7,218	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 11,437,704	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 719,915	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 720,410	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 495	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 3,085,533	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	Non-Healthcare Assets	\$ 17,543,666	\$ 576,241	\$ 2,750,627	86
87	Therapy Allocation	41,623			87
88	Regional Expense - Building	(367,844)			88
89	Regional Expense - Equipment	(54,468)			89
90					90
91	TOTALS	\$ 17,162,977	\$ 576,241	\$ 2,750,627	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

SEE ACCOUNTANTS' COMPILATION REPORT

**XII. RENTAL COSTS**

**A. Building and Fixed Equipment (See instructions.)**

1. Name of Party Holding Lease:      N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES      ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized  
by the length of the lease      .

9. Option to Buy:      ☐ YES      ☐ NO      Terms:      \*

**B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)**

15. Is Movable equipment rental included in building rental?

☐ YES      ☐ NO

16. Rental Amount for movable equipment:      \$      19,674

Description:      See Attached Schedule

(Attach a schedule detailing the breakdown of movable equipment)

**C. Vehicle Rental (See instructions.)**

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:

Beginning     

Ending     

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending      Annual Rent

12.      /2004      \$     

13.      /2005      \$     

14.      /2006      \$     

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

<p>1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.</p>	<p>2. CLASSROOM PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>COMMUNITY COLLEGE <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>	<p>3. CLINICAL PORTION:</p> <p>IN-HOUSE PROGRAM <input type="checkbox"/></p> <p>IN OTHER FACILITY <input type="checkbox"/></p> <p>HOURS PER AIDE _____</p>
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	\$	\$	\$	\$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	\$	\$	\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.  
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.  
(c) For in-house training programs only. Do not include fringe benefits.  
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.  
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.  
SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$		\$	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			732			732	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 01	hrs	14,133		243,273			257,406	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental					170	221,228		221,398	13
14	TOTAL			\$ 14,133		\$ 244,175	\$ 221,228		\$ 479,536	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 318,170	\$	1
2	Cash-Patient Deposits	7,326		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	1,302,149		3
4	Supply Inventory (priced at )	61,500		4
5	Short-Term Investments	599,185		5
6	Prepaid Insurance	24,070		6
7	Other Prepaid Expenses	84,113		7
8	Accounts Receivable (owners or related parties)	724,519		8
9	Other(specify):	183,457		9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 3,304,489	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,850,000		13
14	Buildings, at Historical Cost	24,101,033		14
15	Leasehold Improvements, at Historical Cost	486,327		15
16	Equipment, at Historical Cost	3,614,990		16
17	Accumulated Depreciation (book methods)	(5,836,159)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	2,410,023		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	817,585		23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 27,443,799	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 30,748,288	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 888,625	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	627,457		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	635,915		30
31	Accrued Taxes Payable (excluding real estate taxes)	302		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	38,084		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	<b>Other Current Liabilities(specify):</b>			
36		2,339,075		36
37				37
38	<b>TOTAL Current Liabilities (sum of lines 26 thru 37)</b>	\$ 4,529,458	\$	38
	<b>D. Long-Term Liabilities</b>			
39	Long-Term Notes Payable	25,522,763		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	<b>Other Long-Term Liabilities(specify):</b>			
43				43
44				44
45	<b>TOTAL Long-Term Liabilities (sum of lines 39 thru 44)</b>	\$ 25,522,763	\$	45
46	<b>TOTAL LIABILITIES (sum of lines 38 and 45)</b>	\$ 30,052,221	\$	46
47	<b>TOTAL EQUITY(page 18, line 24)</b>	\$ 696,067	\$	47
48	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)</b>	\$ 30,748,288	\$	48

SEE ACCOUNTANTS' COMPILATION REPORT

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,379,168	1
2	Restatements (describe):		2
3	Equity Transfer	572,828	3
4	Unrealized Gains (Losses) Adjustment	13,482	4
5	Equity Adjustment	(128,638)	5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,836,840	6
	<b>A. Additions (deductions):</b>		
7	NET Income (Loss) (from page 19, line 43)	(2,140,773)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	<b>TOTAL Additions (deductions) (sum of lines 7-16)</b>	\$ (2,140,773)	17
	<b>B. Transfers (Itemize):</b>		
18			18
19			19
20			20
21			21
22			22
23	<b>TOTAL Transfers (sum of lines 18-22)</b>	\$	23
24	<b>BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)</b>	\$ 696,067	24 *

\* This must agree with page 17, line 47.

SEE ACCOUNTANTS' COMPILATION REPORT

**VII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 12,676,107	1
2	Discounts and Allowances for all Levels	(1,880,932)	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 10,795,175	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	629,355	6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$ 629,355	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care	57,693	13
14	Non-Patient Meals	43,911	14
15	Telephone, Television and Radio	43,360	15
16	Rental of Facility Space		16
17	Sale of Drugs	82,334	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	8,092	19
20	Radiology and X-Ray	2,663	20
21	Other Medical Services	166,583	21
22	Laundry	23,681	22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$ 428,317	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions	37,135	24
25	Interest and Other Investment Income***	73,530	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 110,665	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	See Supplemental Schedule	155,075	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 155,075	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 12,118,587	30

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	1,862,076	31
32	Health Care	3,765,782	32
33	General Administration	3,048,401	33
	<b>B. Capital Expense</b>		
34	Ownership	1,901,807	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	3,626,904	35
36	Provider Participation Fee	54,390	36
	<b>D. Other Expenses (specify):</b>		
37			37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 14,259,360	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(2,140,773)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (2,140,773)	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return? Yes If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.



Facility Name &amp; ID Number Addolorata Villa

# 0042432

Report Period Beginning: 07/01/02

Ending:

06/30/03

## XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,793	2,080	\$ 70,000	\$ 33.65	1
2	Assistant Director of Nursing					2
3	Registered Nurses	25,571	29,662	760,242	25.63	3
4	Licensed Practical Nurses	20,913	24,260	436,916	18.01	4
5	Nurse Aides & Orderlies	115,945	134,496	1,575,112	11.71	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	328	381	14,133	37.09	7
8	Rehab/Therapy Aides	6,965	8,079	109,719	13.58	8
9	Activity Director	1,793	2,080	42,918	20.63	9
10	Activity Assistants	11,687	13,557	142,212	10.49	10
11	Social Service Workers	5,421	6,288	118,385	18.83	11
12	Dietician					12
13	Food Service Supervisor	1,258	1,459	35,947	24.64	13
14	Head Cook					14
15	Cook Helpers/Assistants	38,276	44,400	466,203	10.50	15
16	Dishwashers					16
17	Maintenance Workers	15,387	17,849	288,327	16.15	17
18	Housekeepers	23,878	27,699	237,617	8.58	18
19	Laundry	7,841	9,096	72,860	8.01	19
20	Administrator					20
21	Assistant Administrator	1,434	1,664	46,509	27.95	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	46,133	53,515	561,904	10.50	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	2,420	2,807	59,093	21.05	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	68,555	79,523	1,259,795	15.84	33
34	TOTAL (lines 1 - 33)	395,598	458,895	\$ 6,297,892 *	\$ 13.72	34

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.

## B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	523	\$ 12,807	01-03	35
36	Medical Director	Monthly	14,600	09-03	36
37	Medical Records Consultant				37
38	Nurse Consultant		75,492	10-03	38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant		6,900	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant		438	10a-03	43
44	Activity Consultant	6	1,313	11-03	44
45	Social Service Consultant	51	6,631	12-03	45
46	Other(specify)				46
47	Priest Stipends		13,245	12-03	47
48	Pastoral Consultant		29,175	12-03	48
49	TOTAL (lines 35 - 48)	580	\$ 160,601		49

## C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses	2,093	\$ 125,603	10-03	50
51	Licensed Practical Nurses	226	8,600	10-03	51
52	Nurse Aides	1,504	39,105	10-03	52
53	TOTAL (lines 50 - 52)	3,823	\$ 173,308		53

SEE ACCOUNTANTS' COMPILATION REPORT

## **XIX. SUPPORT SCHEDULES**

A. Administrative Salaries				D. Employee Benefits and Payroll Taxes			F. Dues, Fees, Subscriptions and Promotions	
Name	Function	Ownership %	Amount	Description	Amount	Description	Amount	
Patricia Ferguson	Asst. Admin.		\$ 46,509	Workers' Compensation Insurance	\$ 198,315	IDPH License Fee	\$	
				Unemployment Compensation Insurance	30,769	Advertising: Employee Recruitment	21,407	
Administrator's salary paid by related organization				FICA Taxes	481,204	Health Care Worker Background Check	1,600	
				Employee Health Insurance	391,040	(Indicate # of checks performed 160 )		
				Employee Meals		Dues & Subscriptions	21,689	
				Illinois Municipal Retirement Fund (IMRF)*		Books/Reports	2,217	
				Dental Insurance	47,983	Licenses & Fees	30	
				Vision/Disability Insurance	8,245			
				Employee Pension Expense	160,936			
				Life Insurance	30,793			
				Other Employee Benefits	33,447			
TOTAL (agree to Schedule V, line 17, col. 1)			\$ 46,509			Less: Public Relations Expense	(	
(List each licensed administrator separately.)						Non-allowable advertising	(	
B. Administrative - Other						Yellow page advertising	(	
Description			Amount					
Franciscan Sisters of Chicago Service Corp. Shared Expenses			\$ 84,518					
Regional Expenses			65,928					
TOTAL (agree to Schedule V, line 17, col. 3)			\$ 150,446	TOTAL (agree to Schedule V,	\$ 1,382,732	TOTAL (agree to Sch. V,	\$ 46,943	
(Attach a copy of any management service agreement)				line 22, col.8)		line 20, col. 8)		
C. Professional Services				E. Schedule of Non-Cash Compensation Paid to Owners or Employees				
Vendor/Payee	Type		Amount	Description	Line #	Amount	Description	Amount
Frost, Ruttenberg & Rothblatt	Accounting		\$ 15,500			\$	Out-of-State Travel	\$
Perkins Eastman	Architects		3,500					
Ceridian	Payroll Processing		33,849					
Sosin, Lawler & Arnold	Legal		428				In-State Travel	
Undocumented	Legal (Adj out on page 5)		4,950					
Overaccrual	Legal		(36,000)					
Professional Fees allocated to	ILU on Line 43		(12,347)				Seminar Expense	16,289
							Entertainment Expense	(
TOTAL (agree to Schedule V, line 19, column 3)				TOTAL		\$	(agree to Sch. V,	
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 9,880				line 24, col. 8)	\$ 16,289

\* Attach copy of IMRF notifications  
SEE ACCOUNTANTS' COMPILATION REPORT

**\*\*See instructions.**

**XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS** (which have been included in Sch. V, line 6, col. 3).  
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008
1	N/A		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$		\$	\$	\$	\$	\$	\$	\$	\$	\$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Addolorata Villa

STATE OF ILLINOIS

# 0042432

Report Period Beginning:

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XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? No
- (2) Are there any dues to nursing home associations included on the cost report? Yes  
If YES, give association name and amount. Life Services Network \$8396
- (3) Did the nursing home make political contributions or payments to a political action organization? No If YES, have these costs been properly adjusted out of the cost report? \_\_\_\_\_
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? No If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? Yes  
What was the average life used for new equipment added during this period? 10 Years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 41,955 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? Yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? No  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 53,655  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? Yes - ILU If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? Yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? Yes - ILU Building For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ \_\_\_\_\_ Has any meal income been offset against related costs? Yes Indicate the amount. \$ 11,332
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? No  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? No If YES, please indicate the amount of income earned from such a program during this reporting period. \$ \_\_\_\_\_  
c. What percent of all travel expense relates to transportation of nurses and patients? 100% line 14  
d. Have vehicle usage logs been maintained? Yes  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? Yes  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? N/A  
g. Does the facility transport residents to and from day training? No  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ \_\_\_\_\_
- (17) Has an audit been performed by an independent certified public accounting firm? Yes  
Firm Name: Ernst and Young The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? No If no, please explain. Not Complete
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? Yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? N/A  
Attach invoices and a summary of services for all architect and appraisal fees.